

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter for which a patent is sought on the invention entitled:

"CAMPYLOBACTER VACCINE"

the specification of which

[CHECK ONE]

is attached hereto

[] was filed on _____ as Application Serial No.

and was amended on _____

[if applicable]

[] has filed under the Patent Cooperation Treaty on

Serial _____ The United States of America being designated.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined Title 37, Code of Federal Regulations Section 1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign applications(s) for patent or inventor's certificate having a filing date before that of the application(s) on which priority is claimed:

Prior Foreign Application(s)		Priority claimed	
Number	Country	Day/Month/Year filed	X Yes No
<u>99201086.8</u>	<u>EP</u>	<u>09 / 04 / 1999</u>	<u>/ /</u>
Number	Country	Day/Month/Year filed	Yes No
Number	Country	Day/Month/Year filed	Yes No
Number	Country	Day/Month/Year filed	Yes No

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose to the patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which

- became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

(U.S. Serial No.) (Filing date) (Status-patented, pending, abandoned)

(U.S. Serial No.) (Filing date) (Status-patented, pending, abandoned)

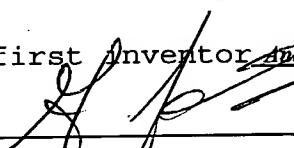
And I hereby appoint as principal attorney, William M. Blackstone, Registration No. 29,772, Mary E. Gormley, Registration No. 34,409, Gregory R. Muir, Registration No. 35,293 and Michael G. Sullivan, Registration No. 35,377.

Please address all communications to:

William M. Blackstone
AKZO NOBEL
1300 Piccard Drive #206
Rockville, MD 20850-4373

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Antonius, Arnoldus, Christiaan JACOBS

Inventor's signature 

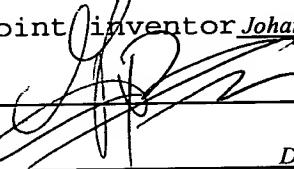
March 28, 2000

Date

Citizenship Dutch

Residence and P.O. Address Ondersteweg 2, 5995 PS KESSEL - The Netherlands

Full name of second joint inventor Johannes, Franciscus van den BOSCH

Inventor's signature 

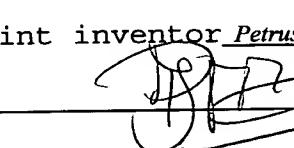
March 28, 2000

Date

Citizenship Dutch

Residence and P.O. Address Spoorstraat 9, 5831 CH BOXMEER - The Netherlands

Full name of third joint inventor Petrus, Johannes, Maria NUIJTEN

Inventor's signature 

March 28, 2000

Date

Citizenship Dutch

Residence and P.O. Address De Linde 10, 5831 RD BOXMEER - The Netherlands

Full name of forth joint inventor _____

Inventor's signature _____

Date

Citizenship _____

Residence and P.O. Address _____